

UNITED STATES DEPARTMENT OF AGRICULTURE  
AGRICULTURAL RESEARCH SERVICE

**TRANSMITTAL OF INVOICE FOR PAYMENT**

|   |  |
|---|--|
| <b>1. FROM:</b> U.S. Department of Agriculture<br>Agricultural Research Service<br>Facilities Division<br>5601 Sunnyside Avenue, Mail Stop 5124<br>Beltsville, MD 20705 | <b>3. DATE</b>   |
|   | <b>4. TYPE OF PAYMENT</b><br><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |
|   | <b>5. PAYMENT NO.</b>  |
|   | <b>6. PAYMENT AMOUNT</b>   |
| <b>2. TO:</b> USDA-OCFC-NFC-FSD<br>FFIS Operations and Reporting Branch<br>Section 1<br>P.O. Box 53326<br>New Orleans, LA 70153   | <b>7. TIN NO.</b>  |

*The attached invoice, for the contract identified below, has been presented for payment. All contracting requisites have been complied with. It is recommended that payment be made promptly if the invoice is otherwise correct.*

**SECTION - I**

|                                   |                          |  |
|-----------------------------------|--------------------------|--|
| <b>8. CONTRACT/AGREEMENT NO.</b>  | <b>9. TASK ORDER NO.</b> | <b>10. CONTRACTOR/COOPERATOR</b> (Name, Address and Vendor ID) |
| <b>11. PROJECT TITLE/LOCATION</b> |                          |  |

**SECTION - II**

|                                      |   |   |   |
|--------------------------------------|---|---|---|
| <b>12. ARS CONTACT PERSON</b> (Name) | <b>13. CONTACT'S TELEPHONE</b><br>NUMBER<br>Extension | <b>14. DATE INVOICE WAS</b><br>RECEIVED BY AGENCY | <b>15. DATE GOODS RECEIVED OR</b><br>SERVICES/WORK VERIFIED |
|--------------------------------------|---|---|---|

**16. ACCOUNTING DATA**

| ACCOUNTING CODE | AMOUNT | ACCOUNTING CODE | AMOUNT |
|-----------------|--------|-----------------|--------|
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |

**17. REMARKS**

**SECTION - III**

|  |                      |                 |
|--|----------------------|-----------------|
| <b>18. NAME OF CONTRACTING OFFICER/ADODR</b> | <b>19. SIGNATURE</b> | <b>20. DATE</b> |
| <b>21. CORRESPONDENCE COPY</b>               |                      |                 |